

County: Green Lake
 SUNNYVIEW HEALTH & REHABILITATION CENTER
 900 SUNNYVIEW LANE

Facility ID: 8550

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PRINCETON 54968 Phone: (920) 295-6463
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 50
 Total Licensed Bed Capacity (12/31/01): 63
 Number of Residents on 12/31/01: 43

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 45

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		27.9
Supp. Home Care-Personal Care	No					1 - 4 Years		51.2
Supp. Home Care-Household Services	No	Developmental Disabilities	2.3	Under 65	2.3	More Than 4 Years		20.9
Day Services	No	Mental Illness (Org./Psy)	18.6	65 - 74	9.3			-----
Respite Care	Yes	Mental Illness (Other)	7.0	75 - 84	30.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.7		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.3	65 & Over	97.7	-----		
Transportation	No	Cerebrovascular	18.6		-----	RNs		5.9
Referral Service	No	Diabetes	14.0	Sex	%	LPNs		11.3
Other Services	Yes	Respiratory	2.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.3	Male	27.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	72.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	1	100.0	150	31	93.9	92	0	0.0	0	7	100.0	115	0	0.0	0	2	100.0	114	41	95.3
Intermediate	---	---	---	2	6.1	77	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		33	100.0		0	0.0		7	100.0		0	0.0		2	100.0		43	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	7.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	4.3	Bathing	11.6	48.8	39.5	43
Other Nursing Homes	7.1	Dressing	11.6	48.8	39.5	43
Acute Care Hospitals	77.1	Transferring	18.6	53.5	27.9	43
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	18.6	48.8	32.6	43
Rehabilitation Hospitals	0.0	Eating	58.1	20.9	20.9	43
Other Locations	4.3	*****				
Total Number of Admissions	70	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.3	Receiving Respiratory Care		14.0
Private Home/No Home Health	28.8	Occ/Freq. Incontinent of Bladder	37.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	1.4	Occ/Freq. Incontinent of Bowel	30.2	Receiving Suctioning		2.3
Other Nursing Homes	2.7			Receiving Ostomy Care		2.3
Acute Care Hospitals	31.5	Mobility		Receiving Tube Feeding		4.7
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	4.7	Receiving Mechanically Altered Diets		20.9
Rehabilitation Hospitals	0.0					
Other Locations	5.5	Skin Care		Other Resident Characteristics		
Deaths	30.1	With Pressure Sores	7.0	Have Advance Directives		53.5
Total Number of Discharges (Including Deaths)	73	With Rashes	11.6	Medications		
				Receiving Psychoactive Drugs		39.5

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70.3	80.3	0.88	85.1	0.83	84.4	0.83	84.6	0.83
Current Residents from In-County	76.7	72.7	1.06	72.2	1.06	75.4	1.02	77.0	1.00
Admissions from In-County, Still Residing	8.6	18.3	0.47	20.8	0.41	22.1	0.39	20.8	0.41
Admissions/Average Daily Census	155.6	139.0	1.12	111.7	1.39	118.1	1.32	128.9	1.21
Discharges/Average Daily Census	162.2	139.3	1.16	112.2	1.45	118.3	1.37	130.0	1.25
Discharges To Private Residence/Average Daily Census	48.9	58.4	0.84	42.8	1.14	46.1	1.06	52.8	0.93
Residents Receiving Skilled Care	95.3	91.2	1.05	91.3	1.04	91.6	1.04	85.3	1.12
Residents Aged 65 and Older	97.7	96.0	1.02	93.6	1.04	94.2	1.04	87.5	1.12
Title 19 (Medicaid) Funded Residents	76.7	72.1	1.06	67.0	1.14	69.7	1.10	68.7	1.12
Private Pay Funded Residents	16.3	18.5	0.88	23.5	0.69	21.2	0.77	22.0	0.74
Developmentally Disabled Residents	2.3	1.0	2.34	0.9	2.58	0.8	2.95	7.6	0.31
Mentally Ill Residents	25.6	36.3	0.70	41.0	0.62	39.5	0.65	33.8	0.76
General Medical Service Residents	16.3	16.8	0.97	16.1	1.01	16.2	1.00	19.4	0.84
Impaired ADL (Mean)	55.3	46.6	1.19	48.7	1.14	48.5	1.14	49.3	1.12
Psychological Problems	39.5	47.8	0.83	50.2	0.79	50.0	0.79	51.9	0.76
Nursing Care Required (Mean)	7.8	7.1	1.10	7.3	1.08	7.0	1.12	7.3	1.07